

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 0047589 STATE FILE NUMBER

**JAN 11 1965**

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
R. W. Kieber, M.D.

1. PLACE OF DEATH a. COUNTY <u>BUCHANAN</u> b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Joseph</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>913 1/2 North 4th Street</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY OR TOWN <u>St. Joseph</u> d. STREET ADDRESS (If outside, give location) <u>913 1/2 North 4th St.</u>	
3. NAME OF DECEASED (Type or print) <u>VINTON E SMITH</u>		4. DATE OF DEATH Month <u>12</u> Day <u>26</u> Year <u>64</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-28-1899</u>
9. AGE (last birthday) <u>65</u>		10. IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Automechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Garage</u>	
11. BIRTHPLACE (City and state or country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Clyde Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Mabel Gill</u>	
14. NAME OF HUSBAND OR WIFE <u>Unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>  </u>		17. INFORMANT Address <u>Katherine Merrill 2209 Sylvania</u>	
18. CAUSE OF DEATH (Give only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unattended Death - Apparently</u> DUE TO (b) <u>Natural Causes, Investigated by</u> DUE TO (c) <u>the City Health Department</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>St. Joseph</u>	
20g. COUNTY <u>Buchanan</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>4:30 a</u> to <u>  </u> and last saw her/him alive on <u>  </u> Death occurred at <u>  </u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert W. Kieber, M.D.</u>		22b. ADDRESS <u>City Health Officer St Joseph Mo</u>	
22c. DATE SIGNED <u>12-30-64</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>Dec 31, 1964</u>		23c. NAME OF CEMETERY OR CREMATORY <u>National Cem. Leavenworth</u>	
23d. LOCATION (City, town, or county) <u>Leavenworth Kansas</u>		23e. STATE <u>Kansas</u>	
24. FUNERAL DIRECTOR <u>Gray Funeral Home</u>		25. ADDRESS <u>812 Pacific</u>	
25. DATE RECD. BY LOCAL REG. <u>Dec. 31, 1964</u>		26. REGISTRAR'S SIGNATURE <u>Mo Clark Goodell</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Doc 1000

JAN 1965

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John T. Miles

Licensed Embalmer No. 3446

P. O. Address Atchison, Kans.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.